Touching Trauma
The Use Of Touch For Supporting Resilience And Development Of The Capacity For Self-Regulation
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Abstract

Resiliency and self-regulation are primary elements that contribute to recovery from traumatic stress. Presented here are four touch-based methods for enhancing your clients' capacity to stay somatically present, regulate physiological responses, and minimize the potential for being overwhelmed by strong physiological sensations. Such somatic skills on the part of the client in turn allow the therapist a greater range of therapeutic interventions.

Touch, Resilience, and Self-regulation

Introduction

We know there is a complex interaction between the bio-physiological, emotional, developmental, and social factors that contribute to our overall development. In this paper I would like to present four of the specific techniques I've developed in 30 years in practice of working with trauma survivors. These techniques seem to positively contribute to supporting clients' resilience and to their capacity for self- regulation. I have some theories as to why these techniques work – which are presented here briefly – but they are largely speculative at this point. I've taught these techniques to hundreds of practitioners, many of whom report good effect from them, and I present them here to invite further exploration of their implications. In particular, I have great curiosity about whether the primary benefit is derived from the effects of simply being touched in an intelligent and compassionate way, or from the specific techniques themselves.

These techniques hinge on the idea that as practitioners we have the ability to affect the physiological and somatic functioning of our clients through the use of touch. There is an increasing body of research supporting this.1,2 In particular, these techniques seem to target the most common patterns of hypervigilance and bracing in preparation for threat. By using direct contact with specific physical structures and regions of the body that play a large role in physiological resilience and self-regulation, the practitioner can invite their clients to alter long-standing habits in their stress responses. As clients are supported in letting go of these habitual patterns, they become more adept at allowing the full range of physiological responses to flow without the urge to stop or suppress them; they stay more somatically present, even in the face of strong somatic experiences.

What do I Mean by Resilience and Self-regulation?

What we wish for our clients is not only recovery from previous traumatic experiences, but also the capacity to effectively meet future challenges and prevent re-traumatization. Building resiliency and the capacity for self-regulation are key in accomplishing that. Many somatic psychotherapy methods are designed to increase resilience in our clients. This could be said to be one of the primary goals of good psychotherapy.

Psychological resilience is typically identified as the capacity to cope effectively with, and adapt to life's challenges, setbacks, and traumas. It doesn't mean those with resiliency don't experience trauma or stress, just that they have a tendency to naturally recover in a way that those lacking in resilience do not.3 Physiological resilience is more commonly discussed in the context of the toll that is taken physically by stressors of various kinds.

The interesting thing about resilience is that building physical resilience via adequate physiological recovery from the effects of stressors – via appropriate amounts of sleep, exercise, proper medical care, etc. – also positively affects our psychological resilience. In turn, our psychological resilience supports us in responding more positively to physical stressors, such as illness.

Consistently in the study of resilience we see that a certain amount of stress is necessary in order to increase resilience. Specifically, it is the recovery from challenges that seems to be what builds capacity and resilience. 4 This provides what I call the Three Bears Dilemma: Not too much stress, and not too little, but enough that recovery is available and resilience is increased.

This brings us to the concept of self-regulation. In the physiological sense, this process is usually referred to as homeostasis. Self-regulation/homeostasis can be seen as one of the elements of resiliency, since it can be defined as the tendency of any system to return to equilibrium after something disturbs it. The operative word I want to discuss here is tendency. The idea of self-regulation/homeostasis presumes psychological or somatic capacity to maintain equilibrium via the natural tendency to return to stability after disturbance. Of course, with individuals suffering from traumatic stress, such equilibrium is often no longer their tendency. Their tendency is more often toward disorganization and lack of stability. Instead of natural equilibrium, such individuals often have to exert tremendous effort -- psychologically or physiologically – to manage their lack of stability. In other words, their capacity for self-regulation is inhibited. We can presume that this in turn decreases their overall resiliency.

When the capacity for true self-regulation is restored, much less effort is expended to move to, and sustain, equilibrium. Energy is no longer consumed in the process of actively managing disequilibrium, but rather is available for other functions. This is where we see how critical self-regulation is in building resilience. When someone is able to self-regulate, there is less demand on both their psychological/emotional self, and their physiological/somatic self. That reduction in demand leads to greater resiliency. The client gains greater and greater trust in her capacity to respond positively to life challenges, to re- establish equilibrium after such challenges, and to gain insight and strength from meeting those challenges. This is the very definition of a resilient client.

Biophysiological models of trauma recovery, such as Somatic Experiencing®, work directly with this interface of psychology and physiology. With such models the focus is on building both physiological/somatic and psychological/emotional resilience simultaneously. In these models the stress response is seen as a potential way to build capacity for resilience (sometimes referred to as resourcing or somatic resourcing). In that context, the client is supported in her experience of successfully meeting and overcoming the challenges which accompanied a traumatically stressing event, and in moving to a greater level of physiological self-regulation. With this support, the client begins to trust her own capacities to recover from challenging life events. As noted above, the recovery itself increases resilience.

Touch Techniques

The techniques presented here presume the use of touch. However, this is not to imply that touch is always appropriate. Practitioners may use these same methods in non-touch forms, such as with guided visualization. If the client is uncomfortable with having the practitioner touching him, he can use his own hands, or objects such as cushions or stuffed animals, to duplicate the effect of the practitioner's contact. I have a preference for the use of touch when possible, because the touch itself provides a potent form of feedback to the physiology, as will be discussed below. Whenever touch will be used, it's important to make sure the client is aware of the purpose of the touch, and has given permission.
The techniques are presented in the most typical order in which I would use them, although in practice they are varied in relationship to what works best for each individual client. You may notice they take a bottom-up approach to self- regulation. Traditionally, we tend to see the nervous system as being in charge of self-regulatory processes. Here, we explore how the body as a whole contributes to the overall capacity for resilience and self-regulation, providing feedback and conversation with the central nervous system and the "self" about how best to respond to life's challenges.

1. Firm pressure

Sometimes a client is so hypersensitive or hyper-responsive that it's difficult to use any form of intervention at all without over-stimulating or over-activating her. One of the most effective touch techniques that can be used to address heightened sensitivity is firm, or deep, pressure. This may seem counter-intuitive, but many clients have discovered this method on their own. Perhaps the most well-known discussion of this is by Temple Grandin, PhD. Through the exploration of her own autism, and of methods to calm her hypersensitivity and anxiety, Grandin noticed that she sought out deep pressure. Eventually, she invented a piece of equipment which would squeeze her tightly, which she calls the "hug machine." This machine has been used to calm hypersensitive individuals, usually those with autism spectrum disorders.5 Grandin adapted this same method later in her designs of livestock-handling equipment.

Getting Started

The basic method is quite simple. Use firm pressure against different areas of the body, usually beginning with the arms and legs. Press as firmly as feels effective for the client, and hold each contact as long as it feels comfortable for her. The client can do this herself by pressing firmly on her arms, legs, hip, etc. Generally it's most comfortable to press firmly without otherwise moving the hands, although some clients prefer a squeeze/release technique where the pressure is maintained for a few moments, then released, then repeated.

Having weighted cushions available can be helpful for the client to make easy selections of the amount of weight needed to feel contained and calmed, and to be able to cover larger areas of the body than is possible with contact just from the hands. An inexpensive version of this is to have bags of rice in 1-lb, 3-lb, and 5-lb weights, wrapped in pillowcases. The client can then place the bags on whatever part of her body feels most comfortable, and at whatever amount of weight. Having the client be in control of the amount and location of the pressure is often the first step toward self-regulation.

At first firm pressure may be used as the primary intervention by simply having the client notice and track her responses to the calming effect of the pressure. Eventually, the technique can be used as a bridge to other interventions. For example, with the weighted bags in place some clients feel calm enough to allow themselves to more directly experience small amounts of activation.

Home Exercises

It is very easy for the client do adapt this technique to use at home. After identifying the amount of weight and location of pressure that is most helpful, she can use the same method at home when feeling over-stimulated. As with Grandin's hug machine, the firm pressure can often give a sense of calming and containment.

What to Expect

Most clients experience this technique as providing relief from over-stimulation, but it can also normalize the fact that many people need this type of containment in order to manage their activation or anxiety at the beginning of the trauma renegotiation process. Just the fact that the practitioner has a way to address this issue lets clients feel less shame about their hypersensitivity. Being able to do something at home that reduces over-stimulation brings the beginning of autonomy for the client, and begins to break up the cycle of having to manage over-stimulation by isolating or controlling outside environmental factors.

In general, I would expect to see some reduction in the need for this technique within a few months, especially if it has provided enough containment to begin using other modalities that further increase the client's self-regulatory capacities.

2. Kidney/adrenal contact

The next area of contact is with the kidney/adrenal region of the mid-back. The kidneys act as filtration stations for removing wastes from the blood and re- circulating usable substances such as proteins, blood cells, potassium and so forth. They also secrete substances which help in manufacture of red blood cells, regulation of blood pressure and maintenance of calcium levels for chemical balance in the body. They come "on-line" very directly with the increase in metabolism in response to stress.6 Anatomically, the kidneys are tucked up under the back side of the ribcage – one on each side – just below the diaphragm. The respiratory diaphragm attaches along the entire circumference of the bottom of the ribcage, which means that the kidneys nestle up just underneath it. This tends to make the kidney region and the diaphragm mutually influential physically: when the diaphragm is chronically contracted it tends not only to affect the breathing mechanism, but brings tension to the area around the kidney/adrenals. If we can invite the kidney area to relax, this will often initiate relaxation in the nearby attachments of the diaphragm, in turn influencing the breathing mechanism.
The adrenals, which sit directly on top of the kidneys, secrete various types of hormones which act as messengers to signal metabolic processes. Two of the hormones secreted by the adrenals are norepinephrine and epinephrine, commonly known as noradrenaline and adrenaline. In response to specific signaling from the pituitary gland, the adrenals also secrete cortisol7, a steroid hormone (a longer-acting type of hormone). All three of these hormones are alertness chemicals, which are strongly involved in the flight or fight responses when we are under stress.8

Chemicals from the adrenals work together with those of the brain and the endocrine system to help orchestrate the stress response.
In bringing contact to the kidney/adrenal region, we can invite a relaxation response in this area that positively affects the client's ability to feel less activated. Constriction around the kidney/adrenals is often associated with the constriction common to stress responses. I believe that focused contact in this area can also help down-regulate the over-activity of the adrenals, or up-regulate adrenals that are under-responding.

Getting Started

With the client seated in a reclined position, or lying on a couch or massage table, make contact with the area just at the base of the ribcage at the back of the body. My preference if the client is lying down is to have him lying on his back, rather than facedown. This is generally more comfortable for the client, and allows the practitioner to monitor facial expressions, breathing rate and other indicators that give important information about the client's responses as the work progresses.

The contact is on the surface of the body, but the practitioner's attention is deeper within the body space, located around the kidney area. The practitioner or client may also be aware of the diaphragm attachments since they adjoin the kidneys. The practitioner's contact is relatively neutral, although focused and inviting. The practitioner should not be insistent in any way in his contact; the client should feel a sense of connection to the contact, but not that there are any demands inherent in it.

As with any of the other techniques described, it is helpful to have the client specifically notice his responses to the contact and track them as they change. Some clients do not feel anything directly in the area of the kidney/adrenal, but rather notice an overall sense of relaxation, or that their breath is deepening. The practitioner is more likely than the client to notice local changes to the tissues in the area around the kidney/adrenal. The practitioner may feel the kidneys relaxing into the contact, or of the diaphragm relaxing.
Because the client will be practicing this same technique at home, it's often helpful for the practitioner and the client together to identify as many of the indicators of change as possible so the client is more likely to recognize them when practicing on his own.

Home Exercises

I generally suggest the client do this exercise just before going to sleep as it often creates enough relaxation to aid in falling asleep. Some clients use this same technique to calm themselves after stressful experiences. Since it's rather awkward for the client to reach around to his lower back to place his own hands near the kidneys, it's usually easiest to have some kind of prop, such as a folded hand towel, which can help the client focus on the relevant area. As he did during the session with the practitioner, the client then notices his responses to the placement of his attention on the kidney area, and tracks those responses as they change.
One of my clients discovered that eye pillows which could be heated (small bean bags designed to be placed across the eyes for relaxation) were ideal for this home exercise. She heats two eye pillows and places one under each kidney area, either as she is reclining or lying down. The warmth from the pillows mimics the warmth of hands.

What to Expect

I generally will do this technique during each session with a client for whom this type of work is the priority. It's often helpful to compare notes with the client about what he is noticing when he practices at home compared to what is happening during the sessions together. That process helps to build the observational and tracking skills for the client, which allow him to notice his habits of stress response. As one of my clients put it: he stopped being convinced by his chemistry.

The client begins to learn that he can wait out his physiological responses – that activation is time-limited and if it is not escalated by a fear response to the sensations themselves, then activation will tend to settle. I can't tell you how empowering this is to clients who have felt at the mercy of their physiology and who finally begin to interrupt their physiological habits of cascading responses and escalation.

This technique tends to produce changes in the client's capacity for self- regulation rather quickly. Within a few sessions I would expect a client to be able to track his own habitual constriction and activation patterns more accurately. Many clients report this technique as being very effective for teaching them to settle after stressful events, and to begin to separate their physiological responses from the meanings that have been invested in them. One client noticed that after stressful experiences he would tend to start an argument with his wife as a way to create a blow-up, which relieved the pent-up tension and activation. This would be followed finally by being able to settle, but at a tremendous cost to the harmony of his marriage. With the kidney/adrenal technique, he was able to notice the sense of tension and activation that was behind his drive to provoke an argument, and was able to take time to settle himself and reduce activation without needing the blow-up first.

3. Base of skull/brain stem/mid-brain

The stress response is orchestrated via a complex process of signaling between different systems of the body and psyche. For our purposes, we are focusing on the region of the upper neck, base of the skull, and the lower and midbrain structures. The neck supports the movement of the head, which in turn supports the movement of the eyes, ears, and nose to facilitate the scanning of the environment for threat. Regions in the brainstem and midbrain contain many structures and functions related directly to survival responses. The Reticular Activating System (RAS) (which helps mediate the transition from relaxed wakefulness to periods of high attention9), the locus coeruleus, (which supplies norepinephrine throughout the central nervous system10), the periaqueductal grey region (which plays a role in pain modulation, defensive behavior, and respiration11), and the amygdala (associated with emotional learning, including learning related to startle, fear and freeze responses12) are all contained in this area of the brain.

For clients with a history of trauma, constriction in the area at the base of the skull and of the supporting structures around the lower brain area itself is sometimes associated with feelings of hypervigilance: the feeling that the world is a dangerous place and so must be guarded against at all times. Many of the key structures related to fight, flight and freeze are located here. They interact with other regions of the brain and body to support and direct how we respond when feeling under threat, how we return to a more relaxed state after that, and how we learn from those experiences to prepare for future challenges – or to stay constantly vigilant "just in case."

Getting started

With the client in a reclined position in a chair, with her head supported so the neck can relax, or while lying on a couch or massage table, the practitioner brings her hands under the base of the skull, cupping the bottom portion of the skull. As with the kidney/adrenal work, the attention is

not on the surface of the physical structures, but rather deeper, near the brain itself. Also like the contact with the kidney/adrenal region, the practitioner's focus is on inviting the client to rest into the contact – not by any type of insistence, but by providing what one of my colleagues terms "good company."

As with the other techniques presented here, the practitioner is noticing how the client responds and may need to change the contact accordingly. For some clients the constriction at the base of the skull is associated with safety. That is, by remaining vigilant, braced, and ready for action they have an increased sense of capacity for self-protection. For that type of client, experiencing the deep relaxation of the neck and lower/midbrain structures can feel like a loss of that preparedness, and so her activation level may actually increase as she begins to relax. In that circumstance, it is important that the practitioner attend to the increase of activation by slowing the process as needed for the client to manage the change. There may also need to be ongoing discussion with the client about the sense of meaning that is associated with tension in this area (i.e. that she is safe as long as she is vigilant and constricted). Such a client may need to let go of this area slowly over a period of time as she learns to tolerate the sense of loss of control/safety when relaxation occurs. She will need to gain direct experience that the constriction and vigilance are not actually the source of her safety.

For other clients, a great sense of relief arises as they can finally let go of the bracing of long-standing stress response and vigilance. For these clients, this technique serves to deepen their sense of ease and a profound sense of being able to finally let down. One client termed this "learning to trust her pillow", meaning she could finally let her head actually rest fully on her pillow and not be always ready to leap up to defend herself.

Home Exercises

There really is no substitute for the gentle and respectful support that is provided by the practitioner's hands in this exercise. However, once the client has begun to learn how to let these areas stop bracing, she is more likely to be able to retrieve that same quality on her own with a little help from props. Having either a rolled up towel, or beanbag pillow under the top of the neck and base of skull while lying down will at least slightly mimic the sense of support and contact from the practitioner. As with the other techniques here, if you have been careful to have the client notice her responses during the session, she is more likely to be able to return to that same state more quickly on her own. As she is lying quietly with her head and neck supported, reconnecting again with the sense of ease that she encountered during sessions is often enough to begin to change the bracing and vigilance habits.
With clients who are experiencing activation when receiving this work during a session, I don't recommend that they try to do this exercise at home. The purpose is to have the client experience success in being able to self-regulate. If she is moving into activation as she is trying to relax, this will create counter- productive learning in her system. It is better to postpone the home exercises until she is more reliably able to rest down out of vigilance without having to pass into an activation phase first.

What to Expect

As with the work with the kidneys and adrenals, contact with the base of the skull, brainstem, and midbrain seem to invite the client to move out of hypervigilance and to a more settled and oriented state. Likewise, in clients who are stuck more in the frozen state of fear response, contact in these areas seems to invite a more attentive and alert awareness of preparedness and potential response, but without anxiety or hypervigilance.

The effects of this technique tend to be a bit less predictable than for those of the kidney/adrenal work, in large part because there is wide variation in how clients experience the constriction patterns here. It may also be because we are actually working with different structures in different clients, even though the contact is essentially the same. My sense of this technique is that it has the potential for some clients to help them down-regulate the over-activity of systems related to survival responses, and for other clients the same technique is actually helping them up-regulate the same systems. This technique seems to help restore some of the basic functions of homeostasis: the tendency to move back to stability and equilibrium once disturbed.

Overall I would generally expect to see change in hypervigilance patterns associated with this area within 7-10 sessions, sometimes more quickly if the client immediately experiences a sense of relief rather than activation from this technique. It's unrealistic to expect that long-standing hypervigilance patterns will change with the use of this technique alone, or would be stable under duress. However, this method can certainly support the client's experience of having more effective ways to settle her system, and may allow other trauma renegotiation techniques to be more effective.

4. Gut/Enteric Nervous System

Working with the digestive tract brings together a number of different fields of study and practice in how we communicate with ourselves and our external environment, and on how we develop physiologically and psychologically. There are a few puzzle pieces that need to be brought together to provide a clear view of the last technique presented in this paper.

First is information about the enteric nervous system (ENS) itself. The enteric nervous system, or gut brain, is a nervous system centered in the digestive tract, which has as many neurons as the spinal cord. It is sometimes referred to as the "second brain." Along with the sympathetic and parasympathetic nervous systems it is commonly considered to be a part of the autonomic nervous system.13 The ENS can function autonomously, but also communicates with the central nervous system. Exactly what is being communicated is not fully understood. We know that at least some of that communication is about how we experience ourselves and our outside environment, which is termed interoception.
Interoception is a form of perception that is centered in the organs of the body, including the digestive tract, heart, and other internal organs.14

An increasing number of studies have identified interoception as a significant source of information about how we experience ourselves and our outside environment. There seems to be a strong connection between interoception and awareness or consciousness of the "self", or at minimum of the bundle of sensations that contribute to our awareness of self.15

Stephen Porges' Polyvagal Theory16 (or Social Engagement System
model), proposes in part that we learn some of this interoception via the social engagement process as we develop. Porges' theory proposes that a significant part of our self-regulatory capacity arises from the processes by which we engage with our caregivers and larger social groups in infancy and childhood. Through ongoing contact with caregivers we are soothed by them, provided with
social cues that promote pro-social behaviors, and learn the processes by which we will eventually self-sooth.

Porges's theory is significant in part because it proposes a direct interface between the development of the physiological processes of self-regulation – specifically within the vagus system, which mediates many autonomic nervous system responses – and that of the social environment.

According to the polyvagal theory, the autonomic nervous system is not made up only of the reciprocal systems of the sympathetic and parasympathetic nervous systems, but rather of three sequential systems that are based on brain evolution. In this model, the parasympathetic system actually has two aspects: the ventral vagus and the dorsal vagus. The vagus nerve supplies the various organs of the body that govern basic metabolic processes. The ventral vagus supports social engagement via regulation of heart rate, respiration, and in a secondary way via vocalization and facial expression. The dorsal vagus, a more primitive branch, is an oxygen conservation system and causes the shut-down seen in severe trauma. It also regulates heart rate and respiration, but in a less- nuanced way than the ventral vagus.
The polyvagal theory is based on a hierarchical response model, in which the more complex strategies of survival that involve active engagement in social responses are attempted first. If those are not successful, then we move into the sympathetically-mediated fight or flight responses. If those survival strategies don't work, we then move into the freeze response as an end-stage survival strategy. Porges himself acknowledges that the system is not quite that simple, but rather "exhibit gradations of control determined by both visceral feedback and higher brain function."17

Here we begin to see that the feedback from the viscera (interoception) is important in helping to fine-tune the survival responses used when under threat. The significance of this becomes more apparent as we understand how critical the vagus system is in the basic processes that govern our survival – not onl
specific survival responses, but also the maintenance of essential metabolic processes such as respiration and digestion.

This brings us to the final piece of the puzzle that informs our work with the enteric nervous system: that of infant development. Vagal function is intimately involved in both infant growth and infant socioemotional development.18 Beyond that, it has been shown that touch and mother-infant interactions help to increase vagal activity, which in turn stimulates gastric motility (good digestion). Gastric motility is associated with increased infant weight gain, and vagal activity has been seen to relate to social behaviors of attentiveness, facial expression and vocalizations."19

Touch seems to be an essential element in the development of self-regulatory capacities. Taken together, these areas of study at minimum implicate the digestive system and other viscera as being important elements in self-regulatory and self- perception capacities. In my own observations of clients, particularly in working with children, I have come to believe that the visceral system is actually a primary element in the social engagement system. I believe the gut in particular has the capacity to read not only our own internal state (per interoception), but also to sense the interoceptive states of those around us.

I believe the viscera are also attending in some way to congruence between the interoceptive states of those around us and to their social behaviors. In research on interoception, we have seen that not all information processed by the viscera makes its way into our conscious awareness. That is, our interoception may provoke responses in us without our being aware of it.20 Likewise, I believe the interoceptive state of those around us can also influence our behavior, without our necessarily being consciously aware of it.

It is the extrapolation of the above research which has led to the final technique presented in this paper.

On the surface, this technique is quite simple: we will be gently making contact with the viscera, specifically the gut, and inviting increased motility. However, taking into account the above information, this technique can also be used for:

• Re-tuning the social engagement system via changes in both vagal response and by the relational elements that are brought into the process – eye contact, touch, gentle conversation and a sense of good company.
• Support for heightened and more conscious awareness of interoception, and therefore of "self." 21
• Better regulation of vagal-mediated functions such as digestion, heart rate, respiration.
• Greater sense of presence, self-regulation and its accompanying sense of self-empowerment and safety.

Getting started

The technique itself is simple. It works best with the client lying down, but can be done with the client in a reclined position. If the client is uncomfortable with touch on the abdomen, he can use self-touch to do the technique.

Contact is made on the surface of the abdomen, wherever it is most comfortable for the client. As with the other forms of contact, the practitioner is using a fairly neutral, but gently inviting contact. The practitioner waits for response from the client, specifically an increase of peristaltic movement in the gut. If no such movement occurs after 5-10 minutes of contact, the practitioner may gently induce the movement by making small wave-like movements with his own hand.
It is important that the practitioner attend to the social engagement needs of the client. That can take various forms depending on how the client is experiencing the work. Some prefer to be quiet, with eyes closed, focusing on their own internal experience of the contact. Others will need eye contact with the practitioner. I believe that for many clients this is a critical element in their assessment of congruence between their own interoceptive state, that of the practitioner, of the practitioner's social cueing, and of the external environment. This can be thought of as an opportunity for the client to recalibrate his interoception and social engagement system. It is critical that the practitioner maintain as much congruence in his behavior and his internal state as possible – for example, disclosure of nervousness.

As one of my clients put it, she was able to "ping" off of me to get a reality check about the little impulses of worry or anxiety that arose. By seeing my relaxed face and feeling the sense of my easeful presence, she was able to settle and return to rest.
For some clients it will be important that they be able to look at the practitioner without having to make eye contact. In this instance I suggest a specific agreement from the practitioner that he will look away and let the client visually explore his face and will only look at the client when invited. This allows the client to begin the social engagement process in a way that allows for greater self-regulation.

Home Exercises

The exercises the client does at home are dependant on what the focus of the work has been in the sessions. If the primary purpose has been to increase motility of the digestive tract via the tracking of the peristaltic responses of the gut, or to increase a sense of presence and

interoception, the client can easily do this at home. Reclining or lying down, he can make contact with his abdomen and attend to the small peristaltic waves of the digestive tract. As may have occurred during sessions with the practitioner, if gut motility does not increase with simple contact and attention, then small wave-like movements of the hands can be used to initiate it. If the client has been encouraged to simply notice his responses, without judging or limiting them, this will provide a good support for the increased interoception that will likely occur has he does this exercise at home.

If, on the other hand, the primary focus of the work with the practitioner has been the interactions of social engagement, that is of course more difficult to duplicate at home without another person with whom to share the experience. If the client has a willing partner, they can duplicate the social engagement interactions that occur during the sessions with the practitioner: contact with the abdomen, eye contact, gentle conversation, and noticing together how the contact is experienced. If this exercise is to be done with a partner at home, it's important to emphasize to the client that the set-up needs to include the possibility that the practice partner may decline to do the exercise if not feeling up to it – again providing a focus on the congruence between the form of the contact and the client's interoceptive awareness. If his practice partner is feeling tired or resentful about doing the exercise, but does it anyway without disclosing those feelings, the exercise may actually be counter-productive.

What to Expect

Because this exercise can have so many complex and interrelated effects, it's a bit difficult to predict with any accuracy what each client's response will be. With some clients I have used this as our main way to work with the dysregulation in their systems, especially when they have early trauma that has fundamentally affected their capacity for physiological self-regulation. With other clients I use it only occasionally as a way to continue to support the good vagal tone that is coming into play as a result of other types of work.
With a client who has early developmental trauma, I might expect to spend many sessions with this type of work. It can so deeply encourage a sense of increased presence, awareness of self, and a felt-sense of safety – which arises both from the social engagement that occurs in the sessions, but also from the repair of fundamental self-regulatory capacities that seem to be supported by this way of working.

Summary

I hope I have encouraged you to explore the possibilities these interventions provide for working with resilience and self-regulation. All the techniques are simple in application, but have the potential for almost endless variations as you continue to explore the related systems that can be affected via these portals of contact. There is little technical knowledge needed to get started, although again there is much that can be explored if you are so inclined – the references provided with this paper will be a good start. The most important aspect of these touch interventions is the somatic presence of the practitioner. If you focus on attending to that as you work, rather than getting lost in attempts to get the contact exactly right, then these techniques should have beneficial effect for your clients.

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